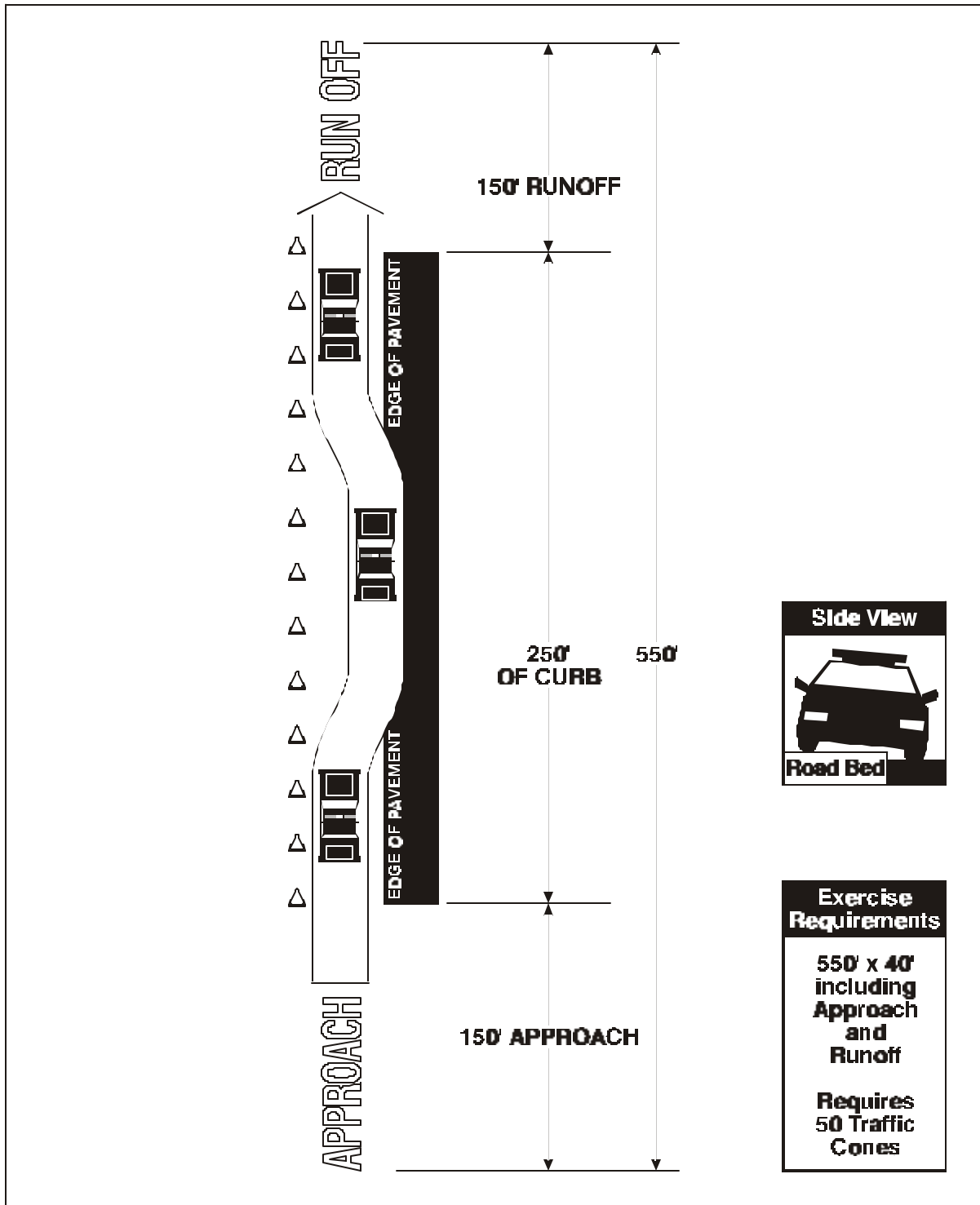

Recovery Exercises

■ Off-Road Recovery

Off-Road Recovery



Off-Road Recovery

Purpose:

To develop skill in making an off-road recovery at operating speed over a raised roadbed.

Procedure:

Instructor

- Explains purpose of exercise and key factors of the exercise.
- Demonstrates exercise at moderate speed.
- Demonstrates exercise at required speed.

Student

1. Wears duty leather goods.
2. Assumes proper driving position; seat, mirrors, seat belt.
3. Enters course at speed determined by instructor.
4. Slows down and returns to the road at your discretion.
5. Drops two wheels off pavement.
6. Vehicle is positioned relative to the curb so that there is room for the front wheels to turn.
7. Student turns the steering wheel 30 to 45 degrees to bring the car back onto the road.
8. On hearing or feeling the front tire strike the curb, countersteers to maintain lane position.
9. After completing a pass, turns the vehicle around and makes a pass with the opposite side of the vehicle off the road edge.
10. Negotiates the course smoothly.
11. Keeps steering movements constant and even.
12. Maintains 9-3 hand position.
13. Exits the course at the direction of the instructor.
14. Increases speed for subsequent practices at the direction of the instructor.

Off-Road Recovery

Exercise Rating:

Student's Name _____

Date _____

Vehicle Make/Number _____

Practice No. _____

Qualification Attempt No. _____

	1	2	3	4
A. Entered course correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Maintained required speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 9-3 hand position (Going Forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Controlled acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Steering control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Accelerator, steering coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Smooth acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Foot movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Use of brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of cones hit _____

Reaction time was adequate. ☐ YES ☐ NO

Vehicle remained under control at all time. ☐ YES ☐ NO

Excessive tire scuffing in returning to roadway. ☐ YES ☐ NO

Did not cross lane markings during recovery. ☐ YES ☐ NO

Describe negative actions or attitudes _____

Failed to complete exercise because _____

All requirements were met. ☐ YES ☐ NO

General Remarks:

Instructor's Signature _____

Date _____

I have seen the completed form and have been given an explanation of my performance and rating.

Student's Signature _____

Date _____